SURVEY SUMMARY

Colonial Management Group, LP dba Orlando Methadone Treatment Center has strengths in many areas.

- The persons served express gratitude for the program services and the caring staff members.
- There is a high degree of employment longevity indicating the satisfaction of staff members with the organization. There is evidence of teamwork and cooperation throughout the organization.
- The staff members are culturally diverse and sensitive to the needs of the persons served.
- The management provides ongoing education to the community on the viability of opiate replacement therapy as an effective intervention for the individual with opiate dependence.
- The management staff members have developed effective relationships with neighborhood, community, business, and other organizations to foster collaboration and obtain feedback to address community concerns.
- The organization has demonstrated creativity in developing collaborations to address concerns about loitering and security. Security personnel are visible and skillfully manage clinic issues.
- Orlando Methadone Treatment Center has a strong leadership team committed to the values and mission of the organization and to the continued growth of the organization.

Colonial Management Group, LP dba Orlando Methadone Treatment Center should seek improvement in the areas identified by the recommendations in the report. Consultation given does not indicate nonconformance to standards but is offered as a suggestion for further quality improvement.

On balance, Orlando Methadone Treatment Center has made a commitment to utilize the CARF standards as a tool for performance improvement and has demonstrated substantial conformance to the standards. The program has a long history of providing medication-assisted treatment to persons with opiate addiction and is well supported in the community as a valuable service. Persons served are grateful for the program services and feel the program is responsive to their needs. There is a solid corporate structure with many years of experience in the field that provides leadership and direction for the overall operations. The leadership, management, and direct service staff members believe in the mission of the organization and its ability to provide quality services. The organization has the resources and the commitment to address the areas of improvement identified in this report.

Colonial Management Group, LP dba Orlando Methadone Treatment Center has earned a Three-Year Accreditation. The owners, leadership, management, and staff members are commended for their efforts and encouraged to continue to use the CARF standards in their commitment to quality services.

SECTION 1. ASPIRE TO EXCELLENCE®

A. Leadership

Principle Statement

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

- Leadership structure
- Leadership guidance
- Commitment to diversity
- Corporate responsibility
- Corporate compliance

Recommendations

There are no recommendations in this area.

C. Strategic Integrated Planning

Principle Statement

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

Key Areas Addressed

- Strategic planning considers stakeholder expectations and environmental impacts
- Written strategic plan sets goals
- Plan is implemented, shared, and kept relevant

Recommendations

There are no recommendations in this area.

D. Input from Persons Served and Other Stakeholders

Principle Statement

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed

- Ongoing collection of information from a variety of sources
- Analysis and integration into business practices
- Leadership response to information collected

Recommendations

There are no recommendations in this area.

E. Legal Requirements

Principle Statement

CARF-accredited organizations comply with all legal and regulatory requirements.

Key Areas Addressed

- Compliance with all legal/regulatory requirements

Recommendations

There are no recommendations in this area.

F. Financial Planning and Management

Principle Statement

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and annual performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

- Budget(s) prepared, shared, and reflective of strategic planning
- Financial results reported/compared to budgeted performance
- Organization review
- Fiscal policies and procedures
- Review of service billing records and fee structure
- Financial review/audit
- Safeguarding funds of persons served

Recommendations

There are no recommendations in this area.

G. Risk Management

Principle Statement

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

Key Areas Addressed

- Identification of loss exposures
- Development of risk management plan
- Adequate insurance coverage

Recommendations

G.1.a. through G.1.d.

The organization broadly identifies risk for all of its clinics. It is recommended that the organization implement a risk management plan that specifically identifies, evaluates, and analyzes loss exposures for Orlando Methadone Treatment Center. The plan should include information on how to rectify identified exposures and actions to reduce risks.

H. Health and Safety

Principle Statement

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

Key Areas Addressed

- Inspections
- Emergency procedures
- Access to emergency first aid
- Competency of personnel in safety procedures
- Reporting/reviewing critical incidents
- Infection control

Recommendations

H.1.

The organization has experienced much growth recently and has outgrown its current facility. Although the organization is planning to find a new facility, it is recommended that the organization ensure that a healthy and safe environment is maintained in the current facility for the persons served, personnel, and other visitors.

I. Human Resources

Principle Statement

CARF-accredited organizations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organization and the persons they serve.

Key Areas Addressed

- Adequate staffing
- Verification of background/credentials
- Recruitment/retention efforts
- Personnel skills/characteristics
- Annual review of job descriptions/performance
- Policies regarding students/volunteers, if applicable

Recommendations

I.5.d.

I.5.f.

I.5.h.

I.5.i.

I.5.l.

The organization is clearly making an effort to train staff members; however, ongoing training for personnel should also include expectations regarding professional conduct, mobility, personal privacy, professional boundaries, and rights of personnel.

I.6.d.(1) through I.6.d.(3)

The organization should ensure that annual performance evaluations are based on job functions and identified competencies, conducted in collaboration with the direct supervisor with evidence of input from the personnel being evaluated, and evident in personnel files.

J. Technology

Principle Statement

CARF-accredited organizations plan for the use of technology to support and advance effective and efficient service and business practices.

Key Areas Addressed

- Written technology and system plan

Recommendations

There are no recommendations in this area.

K. Rights of Persons Served

Principle Statement

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

- Communication of rights
- Policies that promote rights
- Complaint, grievance, and appeals policy
- Annual review of complaints

Recommendations

There are no recommendations in this area.

L. Accessibility

Principle Statement

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

Key Areas Addressed

- Written accessibility plan(s)
- Status report regarding removal of identified barriers
- Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

M. Information Measurement and Management

Principle Statement

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and information is used to manage and improve service delivery.

Key Areas Addressed

- Information collection, use, and management
- Setting and measuring performance indicators

Recommendations

There are no recommendations in this area.

N. Performance Improvement

Principle Statement

The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

Key Areas Addressed

- Proactive performance improvement
- Performance information shared with all stakeholders

Recommendations

There are no recommendations in this area.

SECTION 2. GENERAL PROGRAM STANDARDS

Principle Statement

For an organization to achieve quality services, the persons served are active participants in the planning, prioritization, implementation, and ongoing evaluation of the services offered. A commitment to quality and the involvement of the persons served span the entire time that the persons served are involved with the organization. The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served. The persons served have the opportunity to transition easily through a system of care.

A. Program/Service Structure

Principle Statement

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

Key Areas Addressed

- Written program plan
- Crisis intervention provided
- Medical consultation
- Services relevant to diversity
- Assistance with advocacy and support groups
- Team composition/duties
- Relevant education
- Clinical supervision
- Family participation encouraged

Recommendations

There are no recommendations in this area.

B. Screening and Access to Services

Principle Statement

The process of screening and assessment is designed to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the strengths, needs, abilities, and preferences of each person served. Assessment data may be gathered through various means including face-to-face contact, telepsychiatry, or from external resources.

Key Areas Addressed

- Screening process described in policies and procedures
- Ineligibility for services
- Admission criteria

- Orientation information provided regarding rights, grievances, services, fees, etc.
- Waiting list
- Primary and ongoing assessments
- Reassessments

Recommendations

There are no recommendations in this area.

C. Individual Plan

Principle Statement

Each person served is actively involved in and has a significant role in the individual planning process and has a major role in determining the direction of his or her individual plan. The individual plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and problems. Planning is consumer directed and person centered.

Key Areas Addressed

- Development of individual plan
- Co-occurring disabilities/disorders
- Individual plan goals and objectives
- Designated person coordinates services

Recommendations

C.5.a.

C.5.b.

When the person served has co-occurring disabilities and/or disorders, the organization should ensure that the individual plan specifically addresses those issues in an integrated manner and ensure that services are provided by personnel, within the organization or by referral, who are qualified to provide services for persons with co-occurring disabilities and/or disorders.

D. Transition/Discharge

Principle Statement

Transition, continuing care, or discharge planning assists the persons served to move from one level of care to another within the organization or to obtain services that are needed but are not available within the organization. The transition process is planned with the active participation of each person served. Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, or a re-entry program in a criminal justice system.

The transition plan is a clinical document that includes information about the person's progress in recovery and describes the completion of goals and the efficacy of services provided. It is prepared to ensure a seamless transition to another level of care, another component of care, or an after care program.

A discharge summary, identifying reasons for discharge, is completed when the person leaves services for any reason (planned discharge, against medical advice, no show, infringement of program rules, etc.).

Just as the assessment is critical to the success of treatment, the transition services are critical for the support of the individual's ongoing recovery or well-being. The organization proactively attempts to contact the persons served after formal transition or discharge to gather needed information related to their postdischarge status. Discharge information is reviewed to determine the effectiveness of its services and whether additional services were needed.

The transition plan and/or discharge summary may be included in a combined document as long as it is clear whether the information relates to a transition or discharge planning.

Key Areas Addressed

- Referral or transition to other services
- Active participation of persons served
- Transition planning at earliest point
- Unplanned discharge referrals
- Plan addresses strengths, needs, abilities, preferences
- Follow-up for persons discharged for aggressiveness

Recommendations

There are no recommendations in this area.

E. Medication Management

Principle Statement

These standards address the practice of evaluating, prescribing, and dispensing opioid agonist treatment medications approved by the Food and Drug Administration for use in the treatment of opioid addiction.

Key Areas Addressed

- Individual records of medication
- Physician review
- Policies and procedures for prescribing, dispensing, and administering medications
- Training regarding medications
- Policies and procedures for safe handling of medication

Recommendations

There are no recommendations in this area.

F. Medication Use

Principle Statement

Medication use is the practice of handling, prescribing, dispensing, and/or administering medications to persons served in response to specific symptoms, behaviors, and conditions for which the use of medications is indicated and deemed efficacious. Medication use may include self administration, or be provided by personnel of the organization or under contract with a licensed individual. Medication use is directed toward maximizing the functioning of the persons served while reducing their specific symptoms and minimizing the impact of side effects.

Medication use includes prescribed or sample medications, and may include over-the-counter or alternative medications provided to the person served as part of the therapeutic treatment/service program. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

Medication control is identified as the process of physically controlling, transporting, storing, and disposing of medications, including those self administered by the person served.

Self administration for adults is the application of a medication (whether by injection, inhalation, oral ingestion, or any other means) by the person served, to his/her body; and may include the organization storing the medication for the person served, or may include staff handing the bottle or blister-pak to the person served, instructing or verbally prompting the person served to take the medication, coaching the person served through the steps to ensure proper adherence, and closely observing the person served self-administering the medication.

Self administration by children or adolescents in a residential setting must be directly supervised by personnel, and standards related to medication use applied.

Dispensing is considered the practice of pharmacy; the process of preparing and delivering a prescribed medication (including samples) that has been packaged or re-packaged and labeled by a physician or pharmacist or other qualified professional licensed to dispense (for later oral ingestion, injection, inhalation, or other means of administration).

Prescribing is evaluating, determining what agent is to be used by and giving direction to a person served (or family/legal guardian), in the preparation & administration of a remedy to be used in the treatment of disease. It includes a verbal or written order, by a qualified professional licensed to prescribe, that details what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time.

Key Areas Addressed

- Individual records of medication
- Physician review
- Policies and procedures for prescribing, dispensing, and administering medications
- Training regarding medications
- Policies and procedures for safe handling of medication

Recommendations

There are no recommendations in this area.

G. Nonviolent Practices

Principle Statement

Programs strive to be learning environments and to support persons served in the development of recovery, resiliency, and wellness. Relationships are central to supporting individuals in recovery and wellness. Programs are challenged to establish quality relationships as a foundation to supporting recovery and wellness. Providers need to be mindful of developing cultures that create healing, healthy and safe environments, and include the following:

- Engagement
- Partnership—power with, not over
- Holistic approaches

- Respect
- Hope
- Self direction

Programs need to recognize that individuals may require supports to fully benefit from their services. Staff are expected to access or provide those supports wanted and needed by the individual. Supports may include environmental supports, verbal prompts, written expectations, clarity of rules and expectations, or praise and encouragement.

Even with supports, there are times when individuals may show signs of fear, anger, or pain, which may lead to aggression or agitation. Staff members are trained to recognize and respond to these signs through de-escalation, changes to physical environmental, implementation of meaningful and engaging activities, redirection, active listening, etc. On the rare occasions when these interventions are not successful and there is imminent danger of serious harm, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort. The use of seclusion and restraint must always be followed by a full review, as part of the process to eliminate the use of these in the future.

The goal is to eliminate the use of seclusion and restraint in opioid treatment, as the use of seclusion or restraint creates potential physical and psychological dangers to the persons subject to the interventions, to the staff members who administer them, or those who witness the practice. Each organization still utilizing seclusion or restraint should have the elimination thereof as an eventual goal.

Restraint is the use of physical or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary administration of medication, in immediate response to a dangerous behavior, to temporarily subdue a person or manage their behavior. Restraints used as an assistive device for persons with physical or medical needs are not considered restraints for purposes of this section. Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior, or holding a person's hand or arm to safely guide him or her from one area to another, is not a restraint. Separating individuals threatening to harm one another, without implementing restraints, is not considered restraint.

Seclusion refers to restriction of the person served to a segregated room with the person's freedom to leave physically restricted. Voluntary time out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion if freedom to leave the segregated room is denied.

Seclusion or restraint by trained and competent personnel is used only when other less restrictive measures have been found to be ineffective to protect the person served or others from injury or serious harm. Peer restraint is not considered an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation.

In a correctional setting, the use of seclusion or restraint for purposes of security is not considered seclusion or restraint under these standards. Security doors designed to prevent elopement or wandering are not considered seclusion or restraint. Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel, are not subject to these standards. When permissible, consideration is made to removal of physical restraints while the person is receiving services in the behavioral health care setting.

Key Areas Addressed

- Training and procedures supporting non-violent practices
- Policies and procedures for use of seclusion and restraint
- Patterns of use reviewed
- Persons trained in use
- Plans for reduction/elimination of use

Recommendations

There are no recommendations in this area.

H. Records of the Persons Served

Principle Statement

A complete and accurate record is developed to ensure that all appropriate individuals have access to relevant clinical and other information regarding each person served.

Key Areas Addressed

- Confidentiality
- Time frames for entries to records
- Individual record requirements
- Duplicate records

Recommendations

There are no recommendations in this area.

I. Quality Records Review

Principle Statement

The organization has systems and procedures that provide for the ongoing monitoring of the quality, appropriateness, and utilization of the services provided. This is largely accomplished through a systematic review of the records of the persons served. The review assists the organization in improving the quality of services provided to each person served.

Key Areas Addressed

- Quarterly professional review
- Review current and closed records
- Items addressed in quarterly review
- Use of information to improve quality of services

Recommendations

There are no recommendations in this area.

SECTION 3. OPIOID TREATMENT PROGRAM CORE PROGRAM STANDARDS

Principle Statement

The standards and intent statements in this section address the unique characteristics of each type of core program area. Opioid treatment programs provide rehabilitation and medical support for persons addicted to opioid drugs. The duration of treatment should be based on the needs of the persons served and should take into consideration the benefits of medication. Medications used to achieve treatment goals include methadone or other opioid agonist treatment medications approved by the Food and Drug Administration for use in the treatment of opioid addiction. Some other nonopioid agonist drugs have been determined to be efficacious and generally acceptable in current practice.

Services are directed at reducing or eliminating the use of illicit drugs, criminal activity, and/or the spread of infectious disease while improving the quality of life and functioning of the persons served. Opioid treatment programs follow rehabilitation stages of sufficient duration to meet the needs of the persons served.

E. Outpatient Treatment

Principle Statement

Outpatient treatment programs provide services that include, but are not limited to, individual, group, and family counseling and education on recovery and wellness. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Outpatient programs may address a variety of needs, including, but not limited to, situational stressors; family

relations; interpersonal relationships; mental health issues; life span issues; psychiatric illnesses; addictions (such as alcohol or other drugs, gambling, and Internet); eating or sexual disorders; and the needs of victims of abuse, domestic violence, or other trauma.

Recommendations

There are no recommendations in this area.

20. Aggregate Data Forms

Client Census Report

Type of Client Census (check one):

(a) As of June 30th: ☒

(b) As of End of Month prior to License Renewal: ☐

Provider Name: Daytona Metro Treatment Center

Provider ID: 0750AD121902 **Month End Date (YYYYMMDD)** 20120630

Staff (Completing Form): Ann Erickson **Phone:** 386-254-1931

Information Requested	Children (< 18 Years)	Adults (Age 18-59)	Adults (60 and Older)
Level of Care:			
Aftercare			
Prevention			
Day/Night			
Intervention			
Intensive Inpatient			
Intensive Outpatient			
Outpatient			
Residential			
Detoxification, Addiction Receiving Facility			
Outpatient Methadone		759	14
TASC			
Drug Court Involved			
Other Criminal Justice Involved		9	
Child Welfare Involved		15	

Services: Record the total count of **active** clients either as of June 30th or the last day of the month prior to your license renewal month whose primary placement is within these levels of care. Do not duplicate counts of clients across levels.

Drug Court, Criminal Justice, Child Welfare: Record the total count of **active** clients either as of June 30th or the last day of the month prior to your license renewal month who are involved with the identified programs (drug court, child welfare, or criminal justice).

Total Clients Served During the Fiscal Year

Provider Name: Daytona Metro Treatment Center

Provider ID: 0750AD121902 **Fiscal Year of this Report: 11-12**

Staff Name (Completing This Form): Ann Erickson Phone: 386-254-1931

Information Requested	Children (< 18 Years)	Adults (Age 18-59)	Adults (60 and Older)
Gender:			
Male		612	12
Female		575	10
Race:			
Caucasian		1175	20
Black		2	2
Other Significant Race (List) 2		9	
All Other (combined)		1	
Drug of Choice (Primary):			
Alcohol			
Cocaine			
Marijuana			
Heroin		598	13
Other Opioids (List) Oxycontin, Roxycodone, Loratabs, Hydrocodone, Morphine Dilaudid.		589	9
Prescription Medications			
Other Significant Drug (list)			
All Other (combined)			
Services:			
Assessment			
Aftercare			
Prevention			
Intervention			
Day/Night			
Intensive Inpatient			
Intensive Outpatient			
Outpatient			
Residential			
Detoxification, Addiction Receiving Facility			
Outpatient Methadone		1187	22
TASC			
Employment (at Discharge):			
Full/Part-Time		275	
Unemployed		163	
Retired/Student/Homemaker			8
Co-Occurring Disorders - Served			
Co-Occurring Disorders – Referred		431	5
Primary Payer:			
Medicare			
Private Insurance			
Self		1189	22
Voucher			
Other			
Successfully Completed Episode of Care		28	2
Did Not Successfully Complete Episode of Care		401	6
Drug Court Involved		0	
Other Criminal Justice Involved		17	
Child Welfare Involved		23	

** Instructions are found on next page.*

Instructions for Completing Client Service (Aggregate Data) Form

The data sets are comprised of three primary age groups: less than 18, 18-59, and 60 and older. ***Use the "age at admission" to determine which category is appropriate.***

Identify your agency by completing the **Provider Name and Provider ID** fields at the top of the form.

Fiscal Year of this Report: Indicate the FY that this information pertains to, e.g., 03-04, 04-05 etc.

Staff Name: Provide the name of the staff completing the form as well as this staff's phone number.

Gender: Self-explanatory.

Race: Caucasian/black – self-explanatory. Other Significant – if your agency/organization serves a significant number of clients from a racial group other than caucasian/black, please indicate the race(s) and identify the totals served. The "Other" category should be used to capture all remaining clients served who are neither caucasian or black or in the "Other Significant" .

Drug of Choice: As indicated, note the number of clients at admission indicating one of the listed drugs/substances as their primary drug used. The "Other Significant" category should be used if your agency/organization identifies a significant trend in primary use for a substance that is not listed; please note the name of the substance(s). "Other" should be used for all other drugs combined.

Services: The services listed match the levels of care found in the state's administrative rules. Please list the total number of clients receiving these services during the timeframe from July 1 through June 30. These numbers can be duplicated across services (clients can be counted in multiple levels of care but should only count once within each level of care/service).

Employment at Discharge: Self-explanatory. Part-time equates to 20 or less hours per week.

Co-occurring Disorders: These clients include individuals who have been determined to have an Axis I or II mental disorder and an Axis I substance use disorder per DSM-IV criteria or the equivalent ICD-9 criteria. Note the clients receiving both mental health and substance abuse services from your agency or organization in the "served" category. If you had to refer the client to another agency or organization for care, note the totals in the "referred" category.

Primary Payer: Primary payer refers to the source of funding that accounts for the majority of the clients' service costs/payments. Client counts should not be duplicated across payer categories.

Completion of Episode of Care: Successful completions include those clients who meet your agency/organization's criteria for successful completion of care (i.e., they've complied with goals or objectives set forth in their treatment/service plans). Unsuccessful completions include clients who did not comply with the aforementioned criteria; you do not need to include clients who are unsuccessful due to circumstances beyond your control, e.g., death, arrest, moved, etc.

Drug Court Involved – Include clients whose services are paid for by adult, delinquency, or dependency drug courts.

Criminal Justice Involved – Include clients who are actively-involved with (in the custody of or under supervision of) federal, state or local juvenile or adult criminal justice systems.

Child Welfare Involved – Include clients who are involved in the Department of Children and Families' child protective investigations, child protective services, or foster care.

21. HIV/AIDS/TB Education

State of Florida
Department of Children and Families

Rick Scott
Governor

David E. Wilkins
Secretary

HIV/AIDS EDUCATION CONFIRMATION

I, Ann Erickson, as the authorized representative for Metro Treatment of Florida, L.P. d/b/a Daytono Methadone Treatment Center do hereby affirm that all employees of this organization have completed the basic 2 hour course on HIV/AIDS education required by the Florida Department of Children & Families. I also affirm that all employees who have completed the 2-hour basic course will receive a 2-hour update biennially.

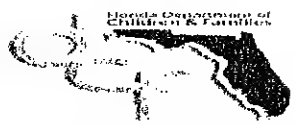
It is understood that proof of each employee's attendance is required for audit, and that it is the responsibility of the licensed provider to maintain for review the educational documentation referenced herein and in section 381.0035, Florida Statutes. Additionally, I also affirm that age-appropriate HIV/AIDS education will be provided to persons receiving services based upon educational, cognitive, and other levels of functioning.

> *Pursuant to section 381.0035(1), F.S., the Department of Children & Families, shall require all employees and clients of facilities licensed under Chapter 397, F.S. to complete biennially, a continuing educational course on the modes of transmission, infection control procedures, clinical management, and prevention of Human Immune Deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) with an emphasis on appropriate behavior and attitude change. Such instruction shall include information on current Florida law and its impact on testing, confidentiality of test results, and treatment of patients.*
>
> *Pursuant to section 381.0035(2), new employees shall be required to complete a course on Human Immune Deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), with instruction to include information on current Florida law and its impact on testing, confidentiality of test results and treatment of patients.*
>
> *Pursuant to section 381.0035(3), facilities licensed under Chapter 397, Florida Statutes, shall maintain a record of employees and dates of attendance at Human Immune Deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) educational courses.*

New employees shall complete two (2) hours of HIV/AIDS training within the first 6 months of employment.

I understand the requirements contained in this document and I recognize that providing false information may result in a fine, suspension, or revocation of this organization's substance abuse services license(s).

Ann Erickson		
NAME		
SIGNATURE	0750AD121902 LICENSE NUMBER(S)	7/24/12 DATE



Florida Department
Children and Famili

Applications	Inspections	Licensure Fees	Corrective Action Plans	Complaint Logs	Data Analysis Reports	Schedule Reminders	San

Service Provider Information | Program Component Information

Create/Ec
Provider

Save Changes

Go To Pr
Go To Ap

Program component information is saved successfully.

I. SERVICE PROVIDER INFORMATION

1. Service Provider Name:
Metro Treatment of Florida, LP

3. Name of the Service Provider's Owner:
Colonial Management Group

4. Er
ts

5. Mailing Address:
8529 Southpark Circle, Suite 270

5a. City:	**5b.** State:	**5c.** Zip Code:	**5d.** County:
Orlando	Florida	32819	Orange

6. Street Address (If different from mailing address):
8529 Southpark Circle, Suite 270

6a. City:	**6b.** State:	**6c.** Zip Code:	**6d.** County:
Orlando	Florida	32819	Orange

7. Circuit/Region:	**8.** Telephone: Enter 10 digits (areacode & number) without any dashes	**9.** SunCom:	**10.** Fax Telephone: Enter 10 digits (areacode & number
C09	4073517080	(Not Required)	4073516930

11. Please check the applicable box below:

- Publicly Funded Provider
- (•) Privately Funded Provider
- ( ) Private Practitioner
- ( ) Faith-based Provider

12. Is the applicant accredited by a certifying organization approve department?

If so, please check the applicable box:

- (•) Commission on Accreditation of Rehabilitation Facilities (C/
  - (•) Three-year ( ) One-year
- ( ) The Joint Commission (39 months)
- ( ) Council on Accreditation (COA)(Three years)

National Committee on Quality Assurance (NCQA)

Three-year One-year

Accredita
Enter da

Does the program represented by this application needs an ins

Last Site Visit Date: Enter da

13. Is the agency incorporated with the State of Florida?	14. Is the corporation for profit?
Yes ○ No	○ Yes No

15. Name of Owner:

Colonial Management Group, LP

16. Name of the Chief Executive Officer:

Christopher S. Hassan

17. Name of Chief Financial Officer:

Melissa Blocker, CPA

18. Name of Staff Training Coordinator:

Mike Ford

19. Name and professional license number of Medical Director (applies to addictions receiving facilities, detoxification,intens treatment, day or night with host homes, and medication and methadone maintenance treatment services.):

Name: Kheim Minh Nguyen License Number: ME48523

20. Application Type:	New Application Renewal ○ Relocation

21. Relocate To:	03-1823 Business Parkn Blvd.,Daytona,Florida,32114	Are there any changes to the provider's services due to the relocation?

22. Late Application Submittal:	Yes ○ No	23. Late Application Fine Amount:
Fire Violation:	Yes ○ No	Fire Violation Fine Amount:
Saftey Violation:	Yes ○ No	Safety Violation Fine Amount:
Health Violation:	Yes ○ No	Health Violation Fine Amount:
Zoning Violation:	Yes ○ No	Zoning Violation Fine Amount:
Client Rights Violation:	Yes ○ No	Client Rights Violation Fine Amount:

24. Additional Application Time Requested: Yes ○ No	25. Additional Days:	26. Extension Request I Enter date in MM/DD/YYYY fo

27. Submission Date:	28. Application Received Date:

Enter date in MM/DD/YYYY format 01/23/2012	Enter date in MM/DD/YYYY format 01/23/2012

An Application without the applicable licensure fee as required under section 397.407, Florida Statutes and 65D-30.003(5), F returned to the applicant. An application for renewal of a regular license must be submitted to the department no later than 6(late fee of $100 per license shall be assessed for the late filing of an application as required under section 397.407(2), Florid payable the Florida Department of Children & Families.

29. Licensure Specialist Responsible for This Application:

HECK, MARILYN

Save Changes

Service Provider Information | Program Component Information

Click on the button to generate letter.

Application Status	History Date	Letter	Attachment
Pending	04/18/2012		

CFOP 155-31 District Substance Abuse Licensing and Regulatory Policies and Procedures | Contact the DCF Helpdesk at (850)487-9400 Opt# 4 | FAQ